



2026 Summary of Companies, Lines of Business, Networks, and Benefit Plans

Please use this chart to let your appointment schedulers know how you participate with ConnectiCare by checking the networks below covered by your contract(s).

Provider:
Service Address:

Key: ER = emergency room; IN = in-network; OON = out-of-network; OTC = over the counter; MOOP = maximum out-of-pocket; PCP = primary care provider; Service Areas = state where benefit plans may be sold, not where care may be received.

2026 Company	2026 Provider Network/Program	2026 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area
ConnectiCare, Inc. (CCI)	Commercial: <input type="checkbox"/> Choice Network	Choice HMO <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT
		Choice POS <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT
	Marketplace: <input type="checkbox"/> Choice Network	Choice HMO <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT
		Choice POS <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT

2026 Company	2026 Provider Network	2026 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area
ConnectiCare, Inc. (CCI) (continued)	Medicare: <input type="checkbox"/> Choice Network	ConnectiCare Choice Plan 1 (HMO) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$0/\$30/\$140 MOOP: \$4,150 Coinsurance: Up to 20%	OON Coverage: No Service Area: CT
		ConnectiCare Choice Plan 2 (HMO) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$0/\$10/\$100 MOOP: \$6,000 Coinsurance: Up to 20% Plan includes a \$50-per-month OTC.	OON Coverage: No Service Area: CT
		ConnectiCare Choice Plan 3 (HMO) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$0/\$45/\$130 MOOP: \$6,750 Coinsurance: Up to 20%	OON Coverage: No Service Area: CT
		ConnectiCare Flex Plan 2 (HMO-POS) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$15–\$50/\$35–\$50/\$130 MOOP: \$6,750–\$10,000 Coinsurance: Up to 40%	OON Coverage: Yes, for most services Service Area: CT
		ConnectiCare Flex Plan 3 (HMO-POS) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$5–40%/\$50–40%/\$130 MOOP: \$6,750–\$10,000 Coinsurance: Up to 40%	OON Coverage: Yes, for most services Service Area: CT
	Medicare: <input type="checkbox"/> Medicare Passage Network	ConnectiCare Passage Plan 1 (HMO) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$0/\$45/\$130 MOOP: \$6,750 Coinsurance: Up to 20%	OON Coverage: No Service Area: CT

2026 Company	2026 Provider Network	2026 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area
ConnectiCare Insurance Company, Inc. (CICI)	Marketplace: <input type="checkbox"/> Value Network	Covered Connecticut Program <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT
		Value POS <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT
	Medicare: <input type="checkbox"/> Choice Network	ConnectiCare Choice Dual (HMO D-SNP) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0–\$9,250 Coinsurance: \$0 Plan includes a \$60-per-month OTC. Members with full Medicaid coverage. Providers must follow coordination of benefits policies and bill Medicaid. Providers may not balance bill members.	OON Coverage: No Service Area: CT
ConnectiCare Benefits, Inc. (CBI)	Marketplace: <input type="checkbox"/> CBI Choice Network	Choice POS <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT
		Covered Connecticut Program <i>No PCP or referrals required.</i>	Members have no cost-sharing. State pays deductible/copay/MOOP.	OON Coverage: Yes Service Area: CT

ConnectiCare is the brand name used for products and services provided by one or more Molina Healthcare Inc. affiliate companies operating in Connecticut. In Connecticut, individual health coverage is underwritten by ConnectiCare, Inc. (CCI), a licensed health care center, or by ConnectiCare Benefits, Inc. (CBI) or ConnectiCare Insurance Company, Inc. (CICI), licensed insurers. Individual and group dental coverage is underwritten by CICI. Group health coverage is insured by CCI or insured or administered by CICI. Not all coverage is available in all markets. For costs and details of coverage, call or write your insurance broker or the company. ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.